

# CITY OF AMARILLO INFORMATION/RECORDS REQUEST FORM

**TO:** CUSTODIAN OF RECORDS FOR CITY OF AMARILLO, \_\_\_\_\_ Dept.

**FROM:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Pursuant to Texas Government Code, Ch. 551, I am requesting certain information, specifically:

## CHECK ONE BOX

<input type="checkbox"/>	<b>MADE AVAILABLE TO ME FOR EXAMINATION ONLY.</b> The custodian will schedule an appointment within a reasonable time for my examination of the information. I understand that I must complete my examination within ten days after the date the records are made available to me.
<input type="checkbox"/>	<b>COPIED OR DUPLICATED</b> for me (See back for fees).

## CHECK ONE BOX

<input type="checkbox"/>	<b>MAILED</b> to me at the address indicated above. (See back for fees.)
<input type="checkbox"/>	<b>FAXED</b> to me at _____. (See back for fees.)
<input type="checkbox"/>	<b>PICKED UP</b> by me or my representative when you advise the information is ready.

I agree to pay the costs of photocopying, duplication, the labor costs involved in retrieving information that is not readily available or in need of redacting, and the cost of mailing or faxing. In the event the estimated cost to satisfy my request exceeds: (a) \$40.00, then I will receive a detailed statement and the opportunity to narrow my request and if I fail or refuse to narrow my request within 10 business days, then my request is deemed withdrawn; (b) \$100 or if I owe over \$100 in unpaid fees for prior requests, then I understand a 50% deposit will be required prior to retrieval of the information I currently seek.

I understand that the City of Amarillo may withhold information which is not considered public information under the Texas Public Information Act, as interpreted by the Texas Attorney General or the courts. If it is uncertain whether the information is public or not, the City will request an opinion from the Attorney General. I will get a copy of the City's letter to the A.G. concerning my request.

I understand that the City is required to release only information which currently exists, that is in its possession, and in its current state. The City is not required to compile or create specific information or formats for my use. I understand the City will make the information available as soon as reasonably possible, usually no more than 10 business days. Archived records, voluminous requests, and documents requiring redaction of non-public information may require a longer time for processing.

Signature Required \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SIDE TO BE COMPLETED BY CITY PERSONNEL ONLY:**

(1) Date City Received:	(2) Date City Responded:
(3) Date Picked Up, if applicable:	(4) Payment info:

CHARGES PER ITEM	NUMBER	TOTAL
Standard-size: (up to 8½ x 14)		
Paper Copies (50 pages or less)	_____ @ \$.10/page	\$ _____
Paper Copies (51 pages or more)	_____ @ \$.15/page	_____
Police Motor Vehicle Accident Report	_____ @ \$6.00/each	_____
Certification of copy	_____ @ \$2.00	_____
Nonstandard-size:		
Diskette	_____ @ \$1.00/ea.	\$ _____
Magnetic Tape	_____ @ \$10.00/ea.	\$ _____
VHS Video Cassette	_____ @ \$2.50/ea.	\$ _____
Audio Cassette	_____ @ \$1.00/ea.	\$ _____
Paper (larger than 8½ x 14)	_____ @ \$0.50/ea.	\$ _____
Other	Actual Cost	\$ _____
Labor charge: (For information not readily available or redacting)	_____ @ \$15.00/hr.	\$ _____
Computer Resource Charges:		
Mainframe	_____ @ \$10.00/min.	\$ _____
PC or LAN	_____ @ \$1.00/hr	\$ _____
Programming Time	_____ @ \$26.00/hr	\$ _____
Postage/Shipping Charges	Actual Cost	\$ _____
FAX Charges:		
Local	_____ @ \$0.10/page	\$ _____
Long distance, same area code	_____ @ \$0.50/page	\$ _____
Long distance, different area code	_____ @ \$1.00/page	\$ _____
<b>TOTAL CHARGES:</b> (No Sales Tax)		\$ _____

Additional Information: